

Newborn Hearing screening

INFORMATION FOR ADULTS WHO CARE ABOUT INFANTS

Why does it matter?

- Hearing disorders in infants and young children can have a significant impact on a child's development and are not uncommon.
 - An average of 20-40 infants are born in SD each year with hearing loss significant enough to cause learning difficulty. (USD School of Medicine)
 - With even mild hearing loss, as much as 50% of every day speech is missed.
 - Hearing loss is the most frequently occurring birth defect with 3 of every 1,000 newborns having a hearing loss.
 - Without early intervention, deaf children on average achieve a 3rd grade reading level.
- (National Center for Hearing Assessment and Management)

In South Dakota...

Did You Know?

Need More Information?

To learn more about hearing screens that can detect even mild hearing loss, talk to your health care provider or contact the SD Department of Health at 1-800-305-3064 or www.state.sd.us/doh/hearing.

Need more details?

- Making sure all babies born in South Dakota have a good start in life is the goal of Governor Janklow's Bright Start early childhood initiative. One important part of Bright Start is assuring babies receive a hearing screening.
- Every hospital in SD that delivers more than 40 babies a year has the equipment necessary to do newborn hearing screening.
- Referral and networking arrangements are being developed so hospitals delivering fewer than 40 babies a year can also access screening equipment.
- Hearing loss in newborns and infants is not readily detectable by routine clinical procedures or behavioral observation.
- The average age of identification of hearing loss in the U.S. is being reduced by early hearing detection and intervention program such as the one in SD.
- Although children who have a severe to profound hearing loss or multiple disabilities may be identified before 30 months, children with mild to moderate losses often are not identified until school age unless an early hearing detection and intervention program is in place.

- The Joint Commission on Infant Hearing (JCIH) defines the targeted hearing loss for universal newborn hearing screening programs as permanent bilateral or unilateral, sensory or conductive hearing loss, averaging 30-40 dB or more in the frequency region important for speech recognition (approximately 500-4000 Hz).
- JCIH recommends that all infants with the targeted hearing loss be identified so that appropriate intervention and monitoring may be initiated. (JCIH Position Statement, 2000)
- Hearing loss affects communicative, cognitive, behavioral, and social-emotional development and affects academic outcomes and later vocational opportunities as well. (AJA, 2000)

The National Institute on Deafness and Other Communication Disorders issued a statement concluding that all infants admitted to a neonatal intensive care unit should be screened for hearing loss before hospital discharge and that universal screening should be implemented for all infants within the first 3 months of life. (NIDCD, 1993 and AJA, 2000)

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Hearing Loss Risk Factors

- ☐ Parental or caregiver concern regarding hearing, speech, language, or developmental delay.
- ☐ Family history of permanent childhood hearing loss.
- ☐ Stigmata or other findings associated with a syndrome known to include a sensorineural or conductive hearing loss or eustachian tube dysfunction.
- ☐ Postnatal infections associated with sensorineural hearing loss including bacterial meningitis.
- ☐ In utero infections such as cytomegalovirus, herpes, rubella, syphilis, or toxoplasmosis.
- ☐ Syndrome associated with progressive hearing loss such as neurofibromatosis, osteoporosis, or Usher's syndrome.

NHS REFERRAL FLOW CHART

